FORM 1

9020323064

STATEMENT OF **ORGANIZATION**

SECRETARY OF THE SENATE 09 SEP 28 PM 1: 56

| | | | | Office Use Only |
|-----------------------------------|---------------------|--|----------------------------|-------------------------------------|
| NAME OF COMMITTEE (in full) | (Check if is change | - Inc | g, type 12FE4 | M5 |
| Dioini Baitiesi | Sen Con | nmiititee | | |
| | | | | |
| ADDRESS (number and street) | P. O. J | Box 10a6 | <u> </u> | |
| (Check if address is changed) | Ander | 1010 I I I I I I I I I I I I I I I I I I | JM | 146015-110alg |
| | | CITY | STATE | ZIP CODE |
| COMMITTEE'S E-MAIL ADDRE | SS (Please provide | only one e-mail address) | | |
| (Check if address is changed) | roned | anibaltiersjiri.ic | CIOIM | |
| | | | | |
| COMMITTEE'S WEB PAGE AD | DRESS (URL) | | | |
| (Check if address is changed) | Www.di | on batesjir | C101 m 1 1 1 1 | |
| | | | | |
| 2. DATE () | 3/200 | 7 | | |
| 3. FEC IDENTIFICATION NU | JMBER | C | | |
| 4. IS THIS STATEMENT | NEW (N) | OR AMEND | ED (A) | |
| I certify that I have examined th | is Statement and to | the best of my knowledge an | d belief it is true, corre | ect and complete. |
| Type or Print Name of Treasurer | . Mark | W Harris | | |
| Signature of Treasurer | Mude W | The | Date | <u> </u> |
| | | nformation may subject the person | | to the penalties of 2 U.S.C. §437g. |
| Office Use Only | | For further info Federal Election Toll Free 800-42 | 24-9530 | FEC FORM 1 (Revised 02/2009) |